Commentary

The Need for Scholarly Evaluation of Programmes Targeting Mental Health Stigma in Singapore

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Abstract

Stigma towards people with mental illness is widely prevalent in Singapore despite nearly 2 decades of anti-stigma efforts. The latest and most ambitious initiative to tackle stigma, "Beyond the Label", was launched in 2018. We believe that it is timely to highlight the missing gap in Singapore's anti-stigma efforts—the lack of evaluative research on anti-stigma programmes. It is crucial that organisations involved in the battle against stigma publish peer-reviewed papers detailing the construction and effectiveness of their programmes vis-à-vis established frameworks or guidelines. We also provide suggestions on useful resources for organisations that are engaged in anti-stigma work.

Ann Acad Med Singapore 2019;48:330–2

Key words: Asia, Discrimination, Help-seeking, People with mental illnesses

Introduction

Stigma encompasses the various negative attitudes, cognitions and behaviours people hold/portray towards others who are experiencing mental illnesses. This results in people with mental illnesses (PMI) to experience lower quality of life,[1] self-esteem and employability which, in turn, lead to increased isolation, discrimination and other negative outcomes.[2] In Singapore, stigma and its adverse effects were first discussed in 2001.[3] However, it was only 17 years later that the country's first nationwide campaign to tackle stigma, led by the National Council of Social Services (NCSS), was launched.[4] It is timely to provide a commentary on Singapore's anti-stigma efforts and highlight an important feature which is currently missing—evaluative studies of the nation's anti-stigma programmes.

A Brief History of the Organisations Involved in Anti-Stigma Efforts in Singapore

Since the early 1990s, the Institute of Mental Health (IMH) and the Singapore Association for Mental Health have advocated for greater awareness of mental illnesses and for the reduction of stigma. Other organisations such as the Community Health Assessment Team, Club Hope, Empowerment, Acceptance and Love, Silver Ribbon Singapore, Clarity Singapore and Samaritans of Singapore had joined in these efforts in the 2000s and early 2010s. In the mid-2010s, the entry of NCSS, TOUCH Community Services, Agency for Integrated Care and greater involvement from the Health Promotion Board have created a vibrant and dynamic network of community and government agencies that work towards a common goal. (Note: These organisations

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possess overt and clear commitment towards eradicating stigma and play major roles in the national initiative. Other smaller organisations that also partake in these efforts are generally inactive or are more focused on other aspects of mental health care.)

Lack of Evaluative Studies on Anti-Stigma Programmes

We conducted a search of the following databases: PsycINFO, PubMed, CINAHL, Scopus, EMBASE, Web of Science and the Cochrane Library. We limited our search to peer-reviewed articles derived from the key words "stigma" and "Singapore" that had been published between 2000 and 2019. A total of 332 papers were found after accounting for duplicate articles. Less than 50 of the studies pertained to stigma and mental illnesses in Singapore and none of the papers had evaluated the implementation of anti-stigma programmes. Research on stigma in the past 18 years was predominantly published by IMH, which examined the phenomenon in a variety of settings[5,6] and demographics.[7-9] However, these studies focused on providing data on the various stigmatising attitudes and behaviours that people held towards PMI[5,7-9] or how stigma negatively impacted the lives of PMI.[1,6] To the best of our knowledge, neither community nor government organisations that are involved in anti-stigma work have published any peer-reviewed articles on their programmes. This raises an important question that has a multitude of implications for ground-, middle- and policy-level decision-makers: How do we know that the anti-stigma programmes that have been implemented are working?

Highlighting the Need for Peer-Reviewed Evalutive Studies

Despite anti-stigma work of close to 2 decades, mental health literacy[10] and stigma[7-9,11] studies have revealed a worrying trend among Singapore residents—their lack of an adequate understanding of mental health issues. The persistent pervasiveness of stigma within our society indicates that past programmes may not have been as effective as envisioned. Given the multifaceted nature of stigma, it is difficult to pinpoint its exact causes. This becomes even more challenging due to the lack of rigorous and quality peer-reviewed evaluative studies of anti-stigma programmes. Given the current tools and knowledge, simply using the number of participants attending anti-stigma programmes/events (which most organisations tend to do) as a measure of effectiveness is not sufficient. This does not provide any useful information on whether the participants subsequently held fewer stigmatising beliefs or behaviours. Even simple feedback forms or questionnaires—which do not seek to understand the efficacy of the programme or event—are not appropriate as they do not allow for proper evaluations.

Contrary to popular belief, improving people's knowledge of mental illnesses via educational anti-stigma programmes is not very effective. Other approaches such as large-scale campaigns can be convoluted when they try to incorporate multiple messages simultaneously (e.g., promoting help-seeking as normal behaviour rather than ending discrimination altogether). If implemented incorrectly, such programmes can lead to greater misconceptions such as the view that compared to "normal" people, PMI are unable to change or recover due to the different biological make-up of their brains.[12] Although this seems to reduce the blame on PMI, it does little to reduce the prejudice and discrimination they face in real life. Additionally, such anti-stigma programmes that rely solely on biological explanations may evoke feelings of pity towards PMI, thus mitigating the normalising impact expected of such campaigns. What has been shown to be effective are contact-type anti-stigma programmes which involve members of the public interacting with PMI[12] (although these should only be conducted if PMI are willing to disclose their conditions).

Despite this finding, most organisations prefer to use an education-based approach due to its relative low cost and ease of implementation. However, as there is a lack of evaluation of these programmes, little evidence may exist to prove their effectiveness in reducing stigma and to support their continued use. Not correctly understanding the impact that these programmes have diminishes the anti-stigma efforts in Singapore for the long-term as the potential for information to be misused and misconceived grows exponentially. Additionally, this can be potentially detrimental as more effective approaches could have been rejected due to the higher costs involved in planning and executing them.

Adopting a scientific method is vital in the creation and implementation of effective anti-stigma programmes. Peer-review and publication are critical components of this process as they instil greater confidence in the effectiveness of the anti-stigma programmes that have been implemented. They also provide an opportunity for improvement during the process when other experts in the same field evaluate and provide feedback on the quality of the study. Doing so enhances the quality of the programme through the professional feedback garnered and provides valuable information (e.g., challenges faced, benefits, etc.) to others who are preparing to embark on similar projects. Furthermore, adequate evaluation allows funding agencies to gain greater confidence in their work and provides direction for future programmes based on the previous findings. Overseas large-scale campaigns have shown this benefit by identifying populations and avenues in which anti-stigma approaches need to be adapted in order to be effective.[13] Despite the advantages, most organisations

in Singapore's mental health sector are not well placed to undertake such scientific efforts. Specifically, in the community sector (where most anti-stigma programmes are developed), a lack of adequate manpower, resources and awareness on the importance of such measures and the technical know-how may be barriers to engaging in such work.

Suggestions for Implementing Evaluative Studies

Although many organisations involved in anti-stigma efforts may not be able to produce peer-reviewed publications due to the reasons mentioned in this article, they should still endeavour to engage academic institutions such as local universities (e.g., the National University of Singapore) or organisations with established research divisions, such as IMH, to conduct evaluative studies. Additionally, because stigma is a complex, multilayered and culturally influenced construct, it is challenging to measure it adequately, and by extension, determine whether the anti-stigma programmes that have been created are useful. This can be mitigated by applying established frameworks, toolkits or guidelines such as those constructed by Corrigan[14] or Corrigan and Shapiro[15] which allow organisations to follow systematic and scientifically robust approaches to measure the effectiveness of their anti-stigma programmes. The National Consortium on Stigma and Empowerment[16] also has a useful set of tools and an extensive collection of stigma-relevant papers which could aid organisations that wish to join anti-stigma efforts in Singapore. A point to note when using these guidelines/frameworks is that they should be culturally relevant, which may require custom modifications to fit Singapore's context. We should also consider involving PMI as this would give us a deeper understanding of what stigma entails based on their own first-hand experiences.

Conclusion

Stigma is detrimental to PMI in many ways—from preventing them from seeking help promptly to causing overt discrimination.[17] Tackling stigma is challenging as it is a complex construct and requires careful consideration of the most effective ways to do so.[18] Organisations engaged in anti-stigma work need to evaluate their programmes in a scientific manner which includes having their work undergo peer-review and publication. Only then can we begin to understand how to effectively combat stigma facing PMI in Singapore.

REFERENCES

1. Choo CC, Chew PKH, Ho CS, Ho RC. Quality of life in patients with a major mental disorder in Singapore. Front Psychiatry 2018;9:727.

2. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. World Psychiatry 2002;1:16–20.

3. Lai YM, Hong CP, Chee CY. Stigma of mental illness. Singapore Med J 2001;42:111–4.

4. National Council of Social Service, Singapore. NCSS Launches First Nation-Wide Campaign to Fight Mental Health Stigma. Available at: https://www.ncss.gov.sg/Press-Room/National-Council-of-Social-Service/Press-Releases/Detail-Page?id=NCSS-Launches-First-Nation-Wide-Campaign-to-Fight. Accessed on 15 February 2019.

5. Chee CY, Ng TP, Kue EH. Comparing the stigma of mental illness in a general hospital with a state mental hospital: a Singapore study. Soc Psychiatry Psychiatr Epidemiol 2005;40:648–53.

6. Picco L, Pang S, Lau YW, Jeyagurunathan A, Satghare P, Abdin E, et al. Internalised stigma among psychiatric outpatients: associations with quality of life, functioning, hope and self-esteem. Psychiatry Res 2016;246:500–6.

7. Chang S, Ong HL, Seow E, Chua BY, Abdin E, Samari E, et al. Stigma towards mental illness among medical and nursing students in Singapore: a cross-sectional study. BMJ Open 2017;7:e018099.

8. Pang S, Liu J, Mahesh M, Chua BY, Shahwan S, Lee SP, et al. Stigma among Singaporean youth: a cross-sectional study on adolescent attitudes towards serious mental illness and social tolerance in a multiethnic population. BMJ Open 2017;7:e016432.

9. Subramaniam M, Abdin E, Picco L, Pang S, Shafie S, Vaingankar JA, et al. Stigma towards people with mental disorders and its components – a perspective from multi-ethnic Singapore. Epidemiol Psychiatr Sci 2017;26:371–82.

10. Tonsing KN. A review of mental health literacy in Singapore. Soc Work Health Care 2018;57:27–47.

11. Yuan Q, Picco L, Chang S, Abdin E, Chua BY, Ong S, et al. Attitudes to mental illness among mental health professionals in Singapore and comparisons with the general population. PLoS One 2017;12:e0187593.

12. Corrigan PW. Lessons learned from unintended consequences about erasing the stigma of mental illness. World Psychiatry 2016;15:67–73.

13. Henderson C, Stuart H, Hansson L. Lessons from the results of three national antistigma programmes. Acta Psychiatr Scand 2016;134:3–5.

14. Corrigan PW. A Toolkit for Evaluating Programs Meant to Erase the Stigma of Mental Illness. Available at: http://www.stigmaandempowerment.org/images/corrigan_outcome_measures_toolkit_10.17.2018_FINAL.pdf. Accessed on 15 February 2019.

15. Corrigan PW, Shapiro JR. Measuring the impact of programs that challenge the public stigma of mental illness. Clin Psychol Rev 2010;30:907–22.

16. National Consortium on Stigma and Empowerment. Resources. Available at: https://www.stigmaandempowerment.org/resources. Accessed on 15 February 2019.

17. Poremski D, Chong SA, Subramaniam M. Helping people with mental illness return to employment: challenging existing beliefs. Ann Acad Med Singapore 2015;44:314–6.

18. Mahendran R, Lim HA, Verma SK, Kua E. Attitudes to psychiatry can change but what about stigma? Ann Acad Med Singapore 2014;43:473–4.